

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Wednesday 6 March 2024 from 4.00pm – 5.30pm

Boardroom, Trust Headquarters, Strayside Wing,
Harrogate District Hospital, Lancaster Park Road, Harrogate, HG2 7SX.

AGENDA

Agenda items listed in blue text are to be received for information / assurance
with no discussion time allocated within the agenda.

Papers for these items may be found within the Supplementary paper pack

Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest and Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meeting: 21 November 2023	Chair	Approve	Attached
4.0	Matters arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Strategic and Operational Update	Deputy Chief Executive	Note	Verbal
6.1	Corporate Risk Register		Note	Blue Box Item
6.2	Integrated Board Report		Note	Blue Box Item
7.0	Committee Update: People & Culture	Committee Chair	Note	Verbal
8.0	Update on Cancer Waiting Times	Chief Operating Officer	Note	Verbal
9.0	HDFT Planning Briefing	Director of Strategy	Note	Verbal
10.0	Update on CoG Development Session	Chair	Note	Verbal
11.0	Membership Engagement Strategy	Lead Governor / Deputy Lead Governors	Approve	Attached
12.0	Review of Governor Activities	Governors	Note	Verbal
13.0	Structure of Council of Governors	Chair	Note	Verbal
14.0	CoG Annual Workplan	Chair	Approve	Attached
15.0	Urgent Constituents' Questions	Chair	Note	Attached
16.0	Any other relevant business - WhatsApp Group - Board Committee Governor Attendance	Chair	Note	Verbal
17.0	Evaluation of meeting	Chair	Note	Verbal
18.0	Date and Time of Next Meeting 5 June 2024 at 4:00-5:30pm Herriots Lounge, Harrogate District Hospital	Chair	Note	Verbal

Council of Governors – Register of Interests As at 29 February 2024				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
Sarah Armstrong	Chair from 1 April 2022	April 2022	(current)	1. Company director for the flat management company of current residence 2. Chief Executive of the Ewing Foundation
Ian Barlow	Rest of Yorkshire	September 2023 December 2023	(current) (current)	1. Trustee – Forces Online charity 2. Member - South West Yorkshire Partnership NHS Foundation Trust
Nick Brown	Stakeholder: North Yorkshire Council	May 2023	(current)	1. North Yorkshire Councillor 2. Chair – Cundall with Leckby Parish Council 3. Trustee – Harrogate & District Improvement Trust 4. Board Member – Northern Aldborough Festival 5. Trustee – Harrogate International Partnership 6. Member – Skipton & Ripon Conservative Association 7. Vice-Chair – Newby & Wathvale Conservative Branch
Rachel Carter	Ripon & West District	July 2023	(current)	Nil
Donald Coverdale	Ripon & West District	September 2021	(current)	Nil
Martin Dennys	Harrogate & Surrounding Villages	January 2019	(current)	1. Directorships – not with any services to the NHS 2. Employee – NHS England
Tony Doveston	Harrogate & Surrounding Villages	January 2016	(current)	Nil
Mike Dunn	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2022	(current)	Nil



Council of Governors – Register of Interests As at 29 February 2024				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
Kathy Gargan	Harrogate & Surrounding Villages	March 2022	July (current)	1. Director – North of England Horticulture Society Ltd
Clare Illingworth	Stakeholder: HIF	January 2016	(current)	1. Employee – Harrogate Integrated Facilities Ltd
Jackie Lincoln	Knaresborough & East District	July 2022	(current)	1. Director, Jackie Lincoln Associates - Management Consultancy (07740067) 2. Clerk to Parish (non executive) Wakingham with Occaney
Binish Mehar	Staff: Medical Professionals	October 2023	(current)	TBC
Richard Owen-Hughes	Knaresborough & East District	January 2022	(current)	1. Marketing Director at Driver Hire Group Services Ltd
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director, Cogenic Ltd
Rick Sweeney	Harrogate & Surrounding Villages	July 2022	(current)	1. Trustee & Treasure of the White Rose Concert Band 2. Member/volunteer ranger at Longlands Common
Steve Treece	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	January 2017	(current)	3. Committee Member of Institute of Risk Management Health Special Interest Group
Stephen Williams	Staff: Nursing, Midwifery & AHPs	October 2023	(current)	Nil
Stuart Wilson	Staff: Non-Clinical	July 2022	(current)	Nil

COUNCIL OF GOVERNORS' MEETING (HELD IN PUBLIC)**21 November 2023****The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ****DRAFT Minutes****3**

Present:		
	Sarah Armstrong	Chair
	Clare Illingworth	Lead Governor. Stakeholder Governor
	Ian Barlow (IB)	Public Governor
	Councillor Nick Brown (CB)	Stakeholder Governor
	Rachel Carter (RC)	Public Governor
	Martin Dennys (MDe)	Public Governor
	Tony Doveston (TD)	Public Governor
	Mike Dunn (MDu)	Public Governor, Deputy Lead Governor
	Kathy Gargan (KG)	Public Governor
	Jackie Lincoln (JL)	Public Governor, Deputy Lead Governor
	Richard Owen-Hughes (ROH)	Public Governor (from item 1 to item 10.6 and item 10.9 to 13.1)
	Kevin Parry (KP)	Public Governor
	Richard Sweeney (RSw)	Public Governor
	Stephen Williams (SWm)	Staff Governor
	Stuart Wilson (SW)	Staff Governor
In Attendance:		
	Andy Papworth, (AP)	Non-Executive Director, Vice Chair
	Jeremy Cross (JC)	Non-Executive Director
	Laura Robson (LR)	Non-Executive Director (From item 6.2 to item 10.5)
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Jonathan Coulter	Chief Executive
	Jackie Andrews	Executive Medical Director
	Matt Graham	Director of Strategy
	Jordan McKie	Director of Finance
	Emma Nunez	Deputy CEO & Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs) (From item 6.2)
	Angela Wilkinson	Director of People & Culture
	Kate Southgate	Associate Director of Quality and Corporate Affairs
	Sue Grahamslaw	Assistant Company Secretary
	Bethany Hincks	Representative from the External Auditor, Azets (For item 7)

Item No.	Item
COG/11/21/1	Welcome and Apologies for Absence
1.1	The Chair welcomed everyone to the meeting including those who had joined online by Teams link, and noted the agenda was full.

Item No.	Item
1.2	The Council were thanked for their support when making the decision to postpone the Annual Members' Meeting from September 2023 and challenges associated with the need to switch venues from that originally proposed.
1.3	The three key agenda items were highlighted as: <ul style="list-style-type: none"> • Chief Executive's Update • Receiving the Annual Report & Accounts • Governor Questions
1.4	Governors were reminded that time was needed for questions and adequate responses meaning there was a need to prioritise based on constituents' requests. Governors were asked to recall the Back to Basics training in September and to consider the most appropriate avenue for their questions.
1.5	Owing to time limitations, the agenda had been reduced from the normal content resulting in deferred items, such as: <ul style="list-style-type: none"> • Non-Executive Director update • Freedom To Speak Up (FTSU) follow-up • Electronic Patient Record (EPR) update • Harrogate Integrated Facilities (HIF) update – it was proposed that this should now be a dedicated session to understand HIF and the relationship with the Trust. <p>Action: To schedule a dedicated Governor session with HIF.</p>
1.6	It was suggested that the structure of Council meetings may need to be reviewed to ensure there was sufficient time for meaningful discussions. It was also considered beneficial if items for information were discussed away from the main council meetings but that adequate notice was provided of the topics for discussion at alternative Governor briefings, so those with a specific interest could prioritise their diaries accordingly.
1.7	The Council were advised that items may need to be taken out of order to allow for the External Auditor representative to join the meeting at an allocated time.
1.8	Apologies for absence were received from: <ul style="list-style-type: none"> • Russell Nightingale, Chief Operating Officer • Steve Treece, Public Governor • Donald Coverdale, Public Governor • Binish Mehar, Staff Governor • Giles Latham, Communications Manager • Chiara De Biase, Non-Executive Director • Julia Weldon, Non-Executive Director • Kama Melly, Associate Non-Executive Director
COG/11/21/2	Declarations of Interest
2.1	No further declarations of interest were noted.
COG/11/21/3	Minutes of Previous Meetings:
COG/11/21/3.1	Council of Governors (Public) meeting held on 6 June 2023
3.1.1	Resolved: The minutes of the last Public Council of Governors' meeting held on 6 June 2023 were agreed as a true and accurate record.
COG/11/21/3.2	Annual Members Meeting held on 6 December 2022

Item No.	Item
3.2.1	Resolved: The minutes of the last Annual Members' Meeting held on 6 December 2022 were agreed as a true and accurate record.
COG/11/21/4 4.1	Matters Arising and Action Log The following matters arising and actions were noted: <ul style="list-style-type: none"> • CoG/12/2021/10: Glaucoma Waiting Lists – The Chief Executive provided an update and confirmed that whilst numbers of Glaucoma patients had significantly reduced there was still a waiting list of 314 patients of which 22 patients were on the red pathway, 64 green pathway and the remainder were on the amber pathway. Action item to remain open for continued updates. • COG/12/5/9.5: Integrated Board Report Training – Governor training to be delivered by NHSE Statistical Team – this would remain on the action log with the projected due date to be updated appropriately. • COG/3/7/10.18: Overview of ICB – The Chief Executive confirmed discussions had taken place with Sue Symington (Chair, HNY ICB) who agreed to update the Governors when needed. • COG/3/7/10.21: Autism Assessment – The Chief Executive provided an update noting it had been on the corporate risk register for the last year. Whilst the demand was currently double capacity, the service was still being provided by the Trust although it was not at the preferred level. Discussions on service provision were ongoing within the ICB. • COG/6/5/9.10: EPR Presentation – Action to be closed as Chief Digital Officer's presentation from June 2023 meeting had been circulated.
4.2	Resolved: Actions were agreed to be updated as above.
COG/11/21/5 5.1	Chair's Update The Chair thanked the Governors for their: <ul style="list-style-type: none"> • Participation in the NED appraisal process. • Enthusiasm for the Back to Basics training session on the principles of being a governor. • Participation in the Annual Members' Meeting decision-making process. • Work and commitment to the Membership Engagement Strategy.
5.2	The Vice-Chair also thanked the Governors for the work they did when they were able to attend the Board sub- committees
5.3	Resolved: The Chair's report was noted.
COG/11/21/8	CoG Sub-Committees – Terms of Reference:
8.1	Remuneration, Nomination & Conduct Committee (RNCC):
8.1.1	The Chair noted that the Terms of Reference had been through a rigorous review process and the Council were asked to approve them.
8.1.2	Resolved: The Terms of Reference for the RNCC were approved.
8.2	Governor Development & Membership Engagement Committee (GDMEC):
8.2.1	The Chair noted that the Terms of Reference had been through a rigorous review process and the Council were asked to approve them.
8.2.2	Resolved: The Terms of Reference for the RNCC were approved.
COG/11/21/9	Formal Declaration: Deputy Lead Governor Election Outcome

Item No.	Item
9.1	The Chair noted that the Election for Deputy Lead Governor role would continue to be a split role with Public Governor (JL) and Public Governor (MDu) agreeing to share the role.
9.2	Resolved: Michael Dunn (Public Governor) and Jackie Lincoln (Public Governor) were declared joint Deputy Lead Governors.
COG/11/21/6	Chief Executive: Strategic and Operational Update
6.1	The Chief Executive noted that at the start of the financial year the Trust had approved an annual plan with an agreed financial surplus but the industrial action had been a significant and unexpected cost. Trusts across the country had been asked to reset their plans following receipt of additional funds. Priorities were confirmed as being safe care and financial balance across the NHS. As part of the Trust's planning reset, there had been a short Board meeting earlier in the day that had agreed to deliver the plan as agreed in April, with a £6m surplus for HDFT within a planned £30m deficit across the ICB. The risks inherent in this reset were explained.
6.2	The following updates were also provided: <ul style="list-style-type: none"> • ED and urgent care standards targets were considered achievable by the end of the year once the building work had been completed. • Elective care was on track to deliver the 65-week wait target. • Cancer standards were planned to only have people waiting under 60 days. • Clinic cancellations were most affected by Industrial Action. • Positive feedback had been received after a WY/HNY System visit to the Trust's maternity units. • Invitation to tender for the EPR system had been issued in conjunction with York Trust. • Uptake of staff vaccinations for flu and Covid were 50% and 30% respectively. Communications were encouraging all staff to get vaccinated. • It was confirmed the Trust was now registered with the CQC for domiciliary care and recruitment was progressing.
6.3	The Deputy Chief Executive commented that during the system visits to maternity, some staff said they felt re-energised in their roles having started work at HDFT. The Vice Chair explained that when the CQC report into the Trust's maternity provision was presented, the narrative did not appear to correlate with the rating given. However, the review by the system visit was more positive indicating improvements had been made in under a year. He explained that the Safety Champion visits seemed to be having a positive impact and that all areas of the service were being scrutinised.
6.4	Public Governor (RC) was concerned about the impact on staff of the financial constraints imposed locally to assist the system. It was explained that it was communicated to the organisation that the Trust was working to a break-even point. However, it was emphasised that plans had not changed for budget holders.
6.5	The Vice Chair noted that a question on audiology had come from an Informal Governor Briefing (Public Governor TD) relating to a 9-month wait for a hearing aid. The internal timings were explained. The Chair noted this was a wider issue and would need more time for a fuller discussion.
6.6	Action: to investigate and explain audiology waiting times (Chief Operating Officer)

Item No.	Item
6.6	Resolved: The Chief Executive's update was noted.
COG/11/21/7	Annual Report & Accounts
7.1	Annual Report
7.1.1	The Chair welcomed the Azets' representative, Bethany Hincks, to the meeting and highlighted today's order of the Annual Report & Accounts presentations.
7.1.2	The Chief Executive noted the structure of the Annual Report was a prescribed format. The reason for presentation to the Council of Governors' meeting was to provide assurance that the governance process had been followed for the content of the document, rather than a review of the content. It was the work of the external auditors, Azets, to ensure the content and governance was accurate.
7.1.3	Resolved: The Chief Executive's report was noted.
7.2	Annual Accounts
7.2.1	The Director of Finance noted the processes the annual accounts and been through, including reviews at the Audit Committee and Trust Board, to ensure the Trust accounted for the public money it was allocated to spend.
7.2.2	Resolved: The Director of Finance's report was noted.
7.3	External Audit Opinion
7.3.1	The External Auditor representative summarised the work they had done to produce an unqualified audit report, following DHSE and GAM guidelines.
7.3.2	The value for money exercise had focused on the cost improvement programme which had been highlighted as a challenge for the Trust but no significant weaknesses had been found.
7.3.3	Issues with the audit had been around deadlines for when the data and accounts was provided and it was noted that the deadline for the 2023-24 financial year was 4 July 2023.
7.3.4	Whilst the external auditors did not have access to the internal audit (IA) work, it was confirmed that IA's work could be used to inform the risk assessment.
7.3.5	Public Governor (KP) wanted to understand what had been excluded from the scope of the audit and the Director of Finance confirmed that the scope was the group of Trust, Charity and the subsidiary (HIF).
7.3.6	The work with patient service users and stakeholders was outlined in the Annual Report & Accounts and it was requested that reports from the Patient Experience Team (PET) to the Council would be helpful in identifying themes which might feed into the membership engagement strategy. The Council were provided with an update on the voluntary role for a patient safety partner that was part of the new patient safety framework, noting the Trust's aim to fill the role in the first quarter of the 2024-5 financial year in line with the national job description for the role. Further information would be circulated to Governors when available. Action: Add PET thematic reports to Council of Governor Workplan.

Item No.	Item
7.3.7	The external auditors were thanked for their work.
7.3.8	Resolved: The Council of Governors felt assured that robust processes had been applied to ensure the Annual Report & Accounts complied with the appropriate governance procedures.
COG/6/6/10 10.1	Questions from Governors The Chair thanked Governors for the questions submitted in advance of the meeting. The responses to the questions were as follows:
10.2	<u>Donald Coverdale questions:</u> It was confirmed that the Governor (DC) would be contacted to ensure he was satisfied that the questions had been answered as many were raised soon after the June 2023 Council meeting and work had been ongoing to address his concerns. Action: <i>contact Public Governor (DC) to ensure satisfaction with previous responses.</i>
10.3	<u>Rachel Carter: assurances sought around national partnership agreement:</u> The Deputy Chief Executive noted that processes were still a work in progress but that the police had advised they would still attend situations where there was a threat to life. For the ICB, the impact was minimal owing to police being in attendance through the safeguarding boards. Oversight was confirmed to be at the Quality Committee.
10.4	<u>Tony Doveston: Media report re. management consultancy fees:</u> The Director of Strategy advised that, whilst KMPG and Catalysis were working with HDFT, the programme itself related to innovation and transformational change through HDFT Impact, not management consultancy. A response had been provided to the Stray Ferret correcting their wording. It was confirmed that NED (and Governor) oversight was through the Innovation Committee. For the EPR programme, part of HDFT Impact, the project was fully funded through an additional allocation. It was confirmed that an update on EPR, continuous improvement and transformational change would be scheduled for a future Informal Governor Briefing. There were follow-up questions relating to EPR but it was noted that the work of Catalysis and HDFT Impact was not solely about EPR but included how IT systems generally could have positive effects on clinical needs. Action: <i>Weekly Governor Bulletins to include HDFT press releases and updates on EPR and HDFT Impact.</i>
10.5	<u>Steve Treece: Update on FTSU arrangements:</u> The Deputy Chief Executive confirmed that a presentation had been made to the Board to explain how the Trust would manage a similar situation to the Lucy Letby case to avoid the same issues. It was further noted that reporting concerns to the FTSU Guardian had increased but could be correlated to the increase in visibility and accessibility of FTSU. Work was ongoing in this field. Action: <i>share FTSU board presentation with Governors in a weekly bulletin.</i>
10.6	<u>Steve Treece: Update on Domiciliary Care:</u> It had been noted earlier in the meeting that the CQC had approved the Trust for work in the Domiciliary Care arena and that the Trust was now able to put themselves forward to be included in the approved providers list.
10.7	<u>Steve Treece: Update on the Complaints Process:</u> The Deputy Chief Executive noted that the complaints process had been updated and noted that more face to face requests were being made for the resolution of complaints. It was

Item No.	Item
	confirmed that there had been significant improvement by the Trust on the key performance indicator of the number of days to respond to complaints.
10.8	<u>Steve Treece: Question related to the provision of adequate support and facilities for disabled people:</u> The Deputy Chief Executive noted that disabilities were not just physical disabilities but also covered areas such as learning disabilities. There had been no indication from the staff surveys that there were any gaps in the service provided by the Trust and noted the staff access to the Trust's disability network and reasonable adjustments. It was confirmed that all planned work took disabilities into account. Work was ongoing around those with dementia and the fundamentals of care. Whilst the staff survey was not available to patients, it was requested that any useful patient information should be sent direct to the Deputy Chief Executive for consideration.
10.9	<u>Kathy Gargan: requested a briefing on the development strategy for Children and Young People's Public Health Services:</u> The Director of Strategy and Transformation provided the Council with the background on the four contracts that had been lost recently and the reasons given for being unsuccessful noting that to reduce costs would have compromised the quality of services. Whilst recruitment and retention was being reviewed in this context, it was noted that the Trust had been approached to move to s.75 partnerships. It was confirmed that additional revenue was not a target but the services the Trust could offer in a locality was key. It was also confirmed that this would <u>not</u> constitute a significant transaction requiring Governors' consideration.
10.10	<u>Kathy Gargan: requested a briefing on the Green Plan:</u> It was agreed that the Green Plan would be included in the briefing from HIF. It was noted that the link to the Green Plan on the Trust's website had already been provided and that copies were also available at the Annual Members' Meeting.
10.11	<u>Kathy Gargan: requested an update on progress with food related issues:</u> The Deputy Chief Executive noted that questions relating to the provision of food had been highlighted following the publication of PLACE survey results and the internal audit limited assurance report. It was noted that the quality of food itself was not a concern and that solutions such as having protected food times had been re-introduced following COVID and other food delivery options were being considered.
10.12	<u>Rachel Carter: Question relating to NED assurance on horizon scanning:</u> Non-executive Director (JC) explained that he and the Director of Strategy were on the HIF Board as well as the Resources Committee where the capital programme and service level agreements were monitored.
10.13	The Chair requested that the process of Governor questions should be reviewed in the New Year. Action: Consider improvements to the process of Governor questions
COG/11/21/11	Any Other Business
11.1	There was no further business for discussion. The meeting closed at 4.25pm.
COG/11/21/12	Evaluation of the Meeting
12.1	Comments on the evaluation of the meeting were requested to be submitted to the Chair.

Item No.	Item
COG/11/21/13	Date and Time of Next Meeting
13.1	It was noted that this would be forthcoming as alternative dates were currently being considered.

Signed:

Dated:

Draft

Council of Governors (held in Public) Action Log for March 2024							
Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
COG/12/2021/10	06 December 2021	Glaucoma	Glaucoma waiting times to be reviewed and noted	Chief Operating Officer	01 December 2023	Regular updates provided at each Council of Governors meeting since December 2021. Last update in March 2023 noted that . All patients sit within the amber and green pathway, and no patients were on the red pathway ie no high risk patients. The trajectory was 0 patients by June 2023 - updated to September 2023. Action to remain open until backlog eradicated.	Ongoing
COG/12/5/9.5	05 December 2022	Integrated Board Report	Governors to be invited to a training session from the NHS England Statistical Team	Associate Director of Quality and Corporate Affairs	TBC	Ongoing: To be arranged following revisions to the IBR	Ongoing
COG/3/7/10.18	07 March 2023	ICB	An overview of the ICB systems that the Trust was involved with would be included at a future Informal Governors meeting.	Chief Executive	01 August 2023	Ongoing: To be held in the Summer Informal Governor Sessions	Ongoing
COG/3/7/10.21	07 March 2023	Autism Assessment	An update to be provided at the next Council of Governors meeting regarding	Chief Operating Officer	01 June 2023	Ongoing - Meetings had taken place between commissioners and the Trust - Council were updated on mitigation against the current risks. Action to remain open (from June 2023 minutes)	Ongoing
COG/6/6/9.10	06 June 2023	EPR Update	Circulate the presentation from the Chief Digital Officer to members of the Council	Chief Digital Officer	05 September 2023	Presentation circulated after June meeting.	Closed
COG/11/21/1.5	21 November 2023	Welcome / Deferred items	Schedule a dedicated Governor session with HIF	Assistant Company Secretary	01 January 2024	HIF session delivered 06 February 2024 and added to workplan for a bi-annual update.	Closed
COG/11/21/6.6	21 November 2023	Chief Executive Update	Audiology waiting times - discussion	Chief Operating Officer	TBC		Ongoing
COG/11/21/7.3.6	21 November 2023	Annual Report & Accounts	Ensure that Council of Governors receive regular updates from PET to identify themes that can feed into the membership engagement strategy.	Associate Director of Quality and Corporate Affairs	01 March 2024	Added to the Annual Workplan.	Closed
COG/11/21/10.2	21 November 2023	Questions from Governors: Donald Coverdale	Governor to be contacted to ensure all questions had been resolved	Associate Director of Quality and Corporate Affairs	TBC	Discussions ongoing	Ongoing
COG/11/12/10.4	21 November 2023	Question from Governors: Tony Doveston	Weekly Governor Bulletins to include HDFT press releases and updates on EPR and HDFT Impact	Assistant Company Secretary	01 March 2024	Weekly Bulletins now cover press releases and updates on EPR and HDFT Impact are provided at Public Board meetings or Informal Governor Briefings.	Closed
COG/11/21/10.5	21 November 2023	Question from Governors: Steve Treece re FTSU update	Board presentation by FTSU to be shared with Governors in weekly bulletin	Assistant Company Secretary	01 March 2024	Added to the list of items to be sent out with Governor Bulletins, when available.	Closed
COG/11/21/10.13	21 November 2023	Governor Questions	Consider further improvements to the process of Governor Questions	Corporate Affairs	TBC	Options were discussed at the CoG Development session on 6 February 2024 and suggestions being reviewed / trialled.	Ongoing
COG/11/21/13.1	21 November 2023	Date & Time of Next Meeting	Review and circulate dates of 2024 CoG meetings	Assistant Company Secretary	01 January 2024	2024 dates circulated - reviewing September meeting dates	Ongoing

Harrogate and District Foundation Trust

Membership (Engagement) Strategy 2023- 2025

1. Introduction by Chair

1.1 Why is membership development and engagement important?

Harrogate District Hospitals Foundation Trust is an important part of the communities it serves, and exists to serve those communities and its patients. We want inform all of our stakeholders (and operational areas) that the Trust is there for them and to feel an ownership of, and ideally an attachment to, the Trust.

As a Foundation Trust we were formed as a membership organisation. We must ensure our members have access to information, events and benefits. It is through our membership we gain insight into the wants and needs of our communities and stakeholders. By understanding what matters most to our members, we can improve our services for the benefit of the local community.

The Trust Board is accountable to the members directly, and through Governors (elected from and by the membership) who have the power to appoint the Chair and other Non-Executive Directors and to oversee the Board's performance.

1.2 Our ambition

Our vision is for an actively-engaged, vibrant and representative membership.

This means that:

- Our members will feel informed, and listened to, and be able to see that their views are reflected in the actions of the Trust.
- As a Trust we will be able to improve our services by listening and responding to the needs and wants of the communities we serve.
- Our membership will truly be representative of the communities we serve, so that our services can better reflect the diverse nature and needs of those communities.

1.3 How will we move forward

Our membership list has evolved since we became a Foundation Trust in 2005 and it has been some time since the Membership Strategy has been reviewed. We have some work to do to review our current membership database; to check and update the information held; to understand better how representative our membership is of the communities we serve; and to make sure that in future we can communicate effectively and efficiently with our members.

We will work with our members to provide a range of information and engagement opportunities so that members can be involved to the extent that they choose.

The development of this strategy has been led by our Council of Governors and its Governor Development and Membership Committee. The strategy will be supported by an action plan which will set out what we need to do in practice to achieve our vision, and how we will measure our progress.

Our Membership is a valuable asset and we want meaningful engagement between members and the Trust so they can influence the development and design of services to reflect the needs of the communities served by the Trust.

It has been some time since the Membership Strategy has been updated and it has been reviewed to reflect that the many changes and challenges over recent years. We aim to build and develop a more active and informed membership.

We want to ensure we gain more views and ideas from the membership and other stakeholders. Also, to develop how we can take forward and implement actions which will achieve the objectives of our strategy and demonstrate our values.

At teamHDFT we value:

kindness	integrity	teamwork	equality
We show compassion , and are understanding and appreciative of other people	We display personal and professional integrity , are honest and bring a positive attitude	We are helpful to each other, listen intently and communicate clearly	We show respect , we are inclusive and we act fairly

2. About The Trust

Harrogate & District NHS Foundation Trust ("the Trust") was founded under the Health and Social Care (Community Health and Standards) Act 2003 and authorised as an NHS Foundation Trust from 1 January 2005.

The Trust is the principal provider of hospital services to the population of Harrogate and surrounding district, and also provides services to north and west Leeds - representing a catchment population for the acute hospital of approximately 720,000.

In addition, the Trust provides some community services across North Yorkshire (with a population of 400,000) and provides Children's Services between birth and up to 19 years of age in North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield, covering a total population of around 1.75m.

The full range of services provided by HDFT can be found on our website at www.hdft.nhs.uk and in more detail in the Annual Report and Accounts (<https://www.hdft.nhs.uk/about/trust/statutory-info/>)

2.1 Trust Strategy and Ambitions

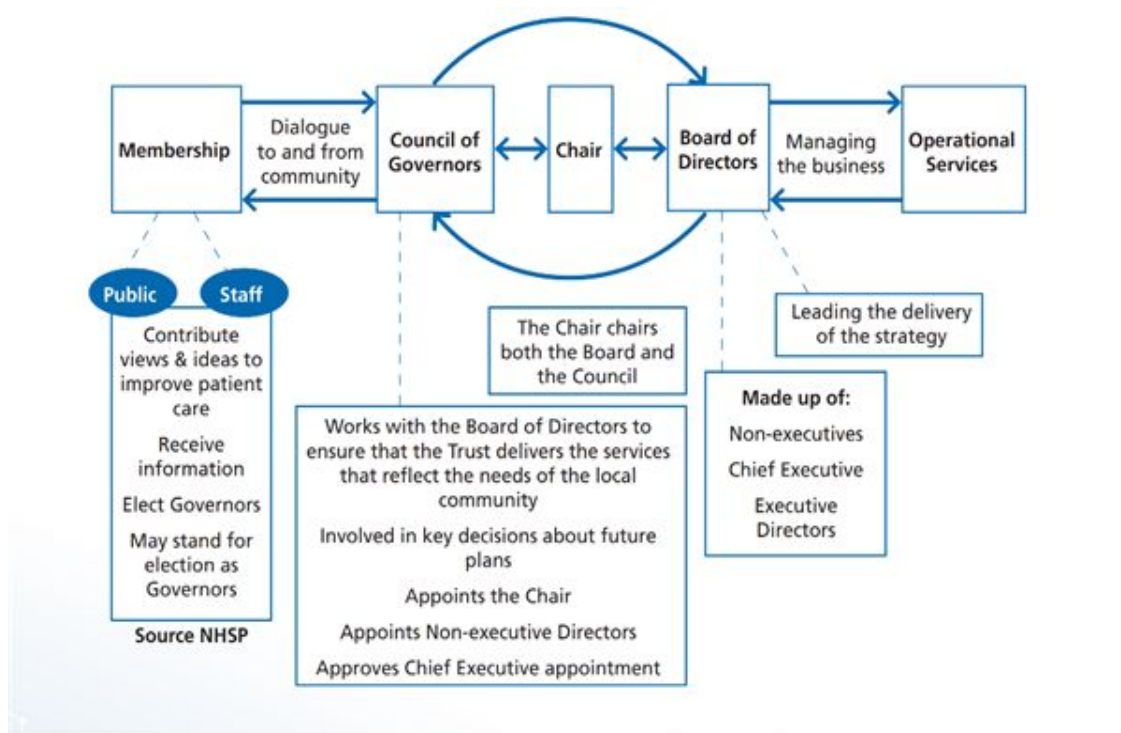


More detail about the strategy can be found here [Our Strategy and Ambitions - Harrogate and District NHS Foundation Trust \(hdfnhs.uk\)](https://www.hdfnhs.uk/our-strategy-and-ambitions)

2.2 Trust Local Accountability

The Trust is accountable to the local community, the patients it cares for and the people it employs through its membership. By becoming members, local people, patients, carers and our colleagues are able to have a say in the design and delivery of services. Governors elected by the membership perform a vital role in holding the non-executive Board members to account for the performance of the Board.

The diagram below summarises the links between the Trust, the Governors, the membership and community.



3. Who are our Members

As a Foundation Trust, HDFT is accountable to its membership; the membership includes people from the communities the Trust serves, the patients it cares for and the people it employs. Our membership helps us to stay in touch with what people feel they need from our services and being a member provides an opportunity to contribute to how we run Harrogate District Hospital as well as our community services across North Yorkshire and beyond.

3.1 Public members:

Membership is open to anyone over the age of 16 who is a resident of the Trust's constituencies (see map below), or a patient of the Trust and/or their carer.

Anyone who does not meet the criteria is welcome to join as an Affiliate.

You can sign up for membership online here [Introduction \(membra.co.uk\)](https://membra.co.uk)



3.2 Staff members

All employees of Harrogate and District NHS Foundation Trust holding a permanent or fixed term contract of at least 12 months are automatically enrolled as members of the Trust unless they express a wish to opt out.

As a member you can vote for, or stand as, a Governor to represent the interests of your colleagues/constituents and feed back to them about the performance of the Trust. The staff constituency is divided into six classes

- Medical practitioners
- Nursing, midwifery and AHPs (Allied Health Professionals)
- 0-19 services (including North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield)
- Community services
- Other clinical
- Non-clinical

3.3 Current membership

As at November 2023, we have 15,611 people on our membership database. This includes 10,943 public members and 4,668 staff members.

The list of staff members is up to date and we have work email addresses for all staff members.

The breakdown of staff members by constituency is given below; most of our staff members also live in one of our public constituencies:

Constituency	Number of members (Nov 23)
Medical practitioners	342
Nursing, midwifery and AHPs (Allied Health Professionals)	1,236
0-19 services (including North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield)	227
Community services	1,231
Other clinical	624
Non-clinical	1,008

The database of public members has grown since the creation of the Foundation Trust in 2005.

We recognize that we need to:

- have more confidence in the accuracy of our database
- improve the way in which we identify and collect appropriate information which would help us develop a more representative membership
- Improve communication with our membership and potential future members

The breakdown of public members by constituency is:

Constituency	Number of members (Nov 23)
Harrogate and surrounding villages	4959
Ripon and west district	1414
Knaresborough and east district	1714
Wetherby and Harewood, including Otley and Yeadon, Adel and Wharfedle and Alwoodley wards	1556
The rest of North Yorkshire and York	424
The rest of England - North	822
The rest of England - South	
Affiliate	54

3.4 Benefits of Membership

As a member, you can choose the extent to which you engage with HDFT.

- gaining information to help improve the understanding of how the local health care system works and is changing;
- sharing your experience and views on services to help shape future design;
- volunteering or working with the Trust;
- voting for Governors who will represent your interests;
- standing as a Governor yourself;
- Additionally all members are eligible to be part of the Health Discounts Scheme [Health Service Discounts: NHS Discounts, Offers & Codes](#)

4. Representing the Interests of the Membership

NHS Foundation Trust governors are accountable to the members who elect them and must represent their interests and the interests of the public. As a member you can vote for, or stand as a Governor to represent your constituency or and provide feedback about the performance of the Trust.

Members views and opinions are heard through the Council of Governors.

The Council of Governors currently consists of 20 elected and six nominated Governor positions.

4.1 Staff Governors are elected by staff representing the following groups:

- Medical practitioners (1)
- Nursing, midwifery and AHPs (Allied Health Professionals) (1)
- 0-19 services (1)
- Community services (1)
- Other clinical (1)
- Non-clinical (1)

4.2 Public Governors are elected by the following constituencies:

- Harrogate and surrounding villages (5)
- Ripon and west district (2)
- Knaresborough and east district (2)
- Wetherby and Harewood, including Otley and Yeadon, Adel and Wharfedale and Alwoodley (2)
- The rest of North Yorkshire and York (1)
- The rest of England – North (1)
- The rest of England – South (1)

4.3 Stakeholder Governors nominated by the following:

- Harrogate Integrated Facilities (1)
- Local Authority (2)
- Further/Higher Education/Research establishment (1)
- Voluntary Sector (1)
- Patient Experience Sector (1)

4.4 The Council of Governors is responsible for:

- Representing the interests of members and the public.
- Appointing the Chair and other Non-Executive Directors, and holding them to account for the performance of the Board.
- Approving the appointment of the Chief Executive by the Non-Executive Directors.
- Receiving the Trust's Annual Report and Accounts.
- Appointing the Trust's external auditors
- Approving "significant transactions" acquisitions and mergers
- Approving amendments to the Trust's constitution.

More about the Council of Governors can be found here

<https://www.hdft.nhs.uk/about/council-of-governors/>

5. The Purpose of the Membership Strategy

To set out a **vision** which demonstrates:

- Commitment and responsiveness of the Trust to the membership
- How members will be well informed and have improved understanding of the work of the Trust
- A membership which can influence the shaping of future services delivered by the Trust

6. Objectives of Membership Strategy

- Increase, develop and effectively manage membership
- Encourage membership which is representative of communities, staff and stakeholder groups
- Increase types and quality of engagement with the membership and other groups...
- Measure and track success on the implementation of the Strategy via an action plan

The table below sets out the supporting aims of each objective

Objective 1: Increase and develop membership and effectively manage its administration
<ul style="list-style-type: none">• Review on-line recruitment process and membership information packs• Review accuracy of existing database information• Raise awareness of benefits of belonging as members• Develop new marketing materials – differentiated according to stakeholder group• Examine potential broadening of media used to promote recruitment• Consider regularity of posting/issuing news stories to develop and maintain profile of membership
Objective 2: Encourage membership which is representative of communities, staff and stakeholder groups
<ul style="list-style-type: none">• Regularly analyse membership data and identify underrepresented groups• Consider ways in which those served by and working with 0- 19 Services outside Harrogate and North Yorkshire can be effectively represented and young people in the community• Develop targeted campaigns to increase recruitment from underrepresented groups and encourage involvement from younger people

Objective 3: Increase types and quality of engagement with membership and other groups
<ul style="list-style-type: none"> • Review and develop existing ways of communicating with members • Improve opportunities for more and varied Governor engagement with the communities, staff, and stakeholder groups they represent • Ensure that respective patient and service user strategies are co-ordinated and complementary (i.e Trust and Membership Engagement Strategies) and improve engagement opportunities between Governors and other organisations representing patients, communities, and other stakeholder interests so that voice and feedback can be strengthened • Devise a programme of events to meet the needs and interest of members
Objective 4: Measure and track success on the implementation of the Strategy
<ul style="list-style-type: none"> • Devise detailed action plan which will set out steps to be taken towards achieving objectives and delivering the vision • Establish annual reporting to Council of Governors and Annual Members' meetings • Identify key performance indicators establish baselines against which to measure progress

7. Process of Consultation, Approval and Implementation of Membership Strategy.

Action	By	Timescale
Initial Discussion on Membership Strategy Objectives	Informal Council of Governors	19 th September 2023
Production of Draft Strategy and Action Plan	Membership Engagement Working Group	31 st October 2023
Finalise Draft Strategy prior to consultation at Annual Members' Meeting	Governor Development and Member Engagement Committee(GDMEC)	15 th November 2023
Presentation of strategy at the Members Annual Meeting and gather feedback	Lead Governors	21 st November 2023
Develop Detailed Membership Strategy Action Plan	Membership Engagement Working Group/GDMEC	January to March 2024
Membership Strategy Final Approval	Council of Governors Trust Board	6 th March 24 27 th March 2024

Progress Reports on Implementation of Strategy and monitoring of Action Plan	Governor Development and Engagement Committee (Minutes to Council of Governors)	Quarterly reporting ongoing 3 years
Annual Report to Members	Annual Members Meeting	September 2024/25/26

Council of Governors Workplan – 2024					
Dates of Meetings	Private / Public	Wednesday 6 March	Wednesday 5 June	Tuesday ?? September	Wednesday 4 December
Final Papers required by:		22/02/23	23/05/23	??/08/23	21/11/23
Opening Items					
Welcome and apologies	Both	✓	✓	✓	✓
Declaration of interests and Conflicts of Interest	Both	✓	✓	✓	✓
Minutes of previous meeting		✓	✓	✓	✓
Matters Arising and Action Log		✓	✓	✓	✓
Routine Items					
Chair's Report	Public	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	Public	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓
For info: Integrated Board Report (IBR) – circulate with public papers	Public	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports and minutes: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	?	*	*	*	* - decision on EA to be ratified
Annual Plan	Public	*	*	*	*
Annual Governor Feedback Report	Public			✓	
Approval of Quality Indicator for Audit	?				
Annual Quality Report	Private				
Annual Report and Accounts	Private			✓	
External Auditor Report to Governors	Private				
Governor Events, Feedback	Public	*	*	*	*
Annual Declarations of Interest and agreement with Code of Conduct	Public		✓		
Appointment of Lead Governor	Public	*	*	*	*
Annual Review of Committee/Group Membership	Public				✓
Membership Strategy approval (then annual review)	Public	✓			
Elections Update Report	Public		✓		✓
Election Results	Public	✓		✓	
Annual Review of Terms of Reference – sub committees (Remuneration, Nomination and Conduct Committee; and Governor Development & Membership Engagement Committee)	Public			✓	
Calendar of Governor Activities	Public	*	*	*	*
Constitution Annual Review	Public		✓		
Annual Review of the Effectiveness of the Council of Governors	Public			✓	
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))	Public		✓		✓
Performance Evaluation of the Chair and Non-executive Directors (recommendation from the Remuneration Committee)	Private		?	?	
Patient Experience Team – thematic report	Public		?		?
Proposal for Annual Members' Meeting	Public		✓		
Urgent Constituents' questions	Public	✓	✓	✓	✓

Closing Items					
Workplan Review	Public	✓	✓	✓	✓
Any Other Business	Both	*	*	*	*
Evaluation of Meeting	Both	✓	✓	✓	✓

*As and when required

Items to be Added:

Questions Submitted for Council of Governors' Meeting: 6 March 2024		
Governor	Constituency	Question
Rick Sweeney	Harrogate and Surrounding Villages	<p>People living in more deprived areas have worse than average health outcomes and shorter life expectancy. For over two years referral to treatment times at HDFT have been significantly longer for people living in postcode areas with the most deprivation.</p> <p>What is the reason for these longer waits and what action is being taken to ensure that those with the greatest health needs do not have to longest referral to treatment times?</p>
Jackie Lincoln	Knaresborough and East	<p><i>Similar question proposed to Quality Committee January 2024 and advised it should be referred to Council of Governors to provide the public with the opportunity to hear the response:</i></p> <p>How are opportunities arising from cancelled appointments being maximised? There appears to be inconsistencies in practice between clinics; some clinics will call waiting patients to fill vacant slots while there are other examples where patients have happened to contact a clinic with a query and been offered a cancellation.</p> <p>A concern being expressed is that some patients less able to navigate the telephone systems and who may be unfamiliar with medical terms may not get equal access to cancellations. Is this issue being monitored and/or reflected in any of the complaints submitted to the Trust?"</p> <p><i>Question amended to:</i> How are Non-executive Directors seeking assurance regarding the effective management of appointments?</p>
Donald Coverdale	Ripon And West	<p>On the weekend before Christmas 2023 the waiting time, before being seen, in the Emergency Department was twelve and a half hours. Was there a particular problem at this time? What is the current waiting time?</p>